

DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS

14 FEB 2017

MEMORANDUM FOR 959 CSPS 44E1A ATTN: CAPT BRIAN P. MURRAY

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled 7 Day Old Female "Acting Differently" presented at/published to <u>Academic Academy of Emergency Medicine Conference 2017, Orlando, FL, 16-20</u> <u>March 2017</u> in accordance with MDWI 41-108, has been approved and assigned local file #17067.
- 2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

linda Steel-Goodwin

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

- 1. The author must complete page two of this form:
 - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D;
 Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants; etc.]
 - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
- 3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
- Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
- 6. On page 2, have either your unit commander, program director or immediate supervisor:
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- 8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.
- Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
- 10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.
- 11. The Joint Ethics Regulation (JER) DoD 5500.07-R, Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

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NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

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"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

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"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS								
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Brian P. Murra	ay, Capt, USAF, MC 4	14E1A	⊠ YES □					
5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)								
N/A								
6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:								
7 Day Old Female "Acting Differently"								
7. FUNDING RECEIVED FOR THIS STUDY? YES NO FUNDING SOURCE:								
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Murray, Brian P. brian.p.murray20.mil@mail.mil					201-562-4686			
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LAST NAME, FIRST NAME AND M.I. a. Primary/Corresponding Author	GRADE/RANK	SQUADRON/GROUP/OF	FICE SYMBOL	INSTIT	TUTION (If not 59 MDW)			
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d. Matthew Nichols, DO	Мај			USARMY MEDCOM Reser				
e.								
17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO								
I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.								
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21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE Daniel J Sessions MD, MAJ, APD			22. APPROVING AUTHORITY'S SIGNATURE SESSIONS.DANIELJOHN.1275555580 23. DATE January 2		23. DATE January 27, 2017			

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7 Day Old Female "Acting Differently"

Hugh M. Hiller, MSIV, 2LT, USAR, MSC; Brian P. Murray DO, Capt, USAF, MC; Justin G. Peacock MD PhD, Maj, USAF, MC; Matthew Nichols DO, MAJ, USAR, MC

San Antonio Military Medical Center, Fort Sam Houston, TX

History

HPI: 7-day-old female presented with a 9 hou history of "acting differently", emesis and subsequen anorexia per parents. The patient had one wet diaper in 12 hours. Her parent's denied fever, diarrhea cough or difficulty breathing. Sick contacts include her grandmother who recently experienced self limited gastroenteritis.

PM/S/FHx: The Child was born at 38+4 weeks by C-section due to non-reassuring fetal heart tones She required positive pressure ventilation for APGAR scores of 2, 7, and 8 at 1, 5, and 10 minutes, for which she spent one night in the NICU for observation.

Physical Exam

Vitals: BP 125/68, HR 124, RR 40, SpO2 96% RA, temp 98.0°F rectal

General: Easily aroused, strong cry. Good tone. HEENT: Anterior fontanelle taught, PERRL, EMOI. Clear oropharynx, MMM, neck supple. No scalp

hematomas or bruises. Fundoscopic exam was without retinal hemorrhages. Cardiovascular: RRR, no M/G/R.

Respiratory: CTA B/L, no W/R/R Abdomen: soft, NTND, normal BS, no hepatomegaly

Neurological: Startle/grip reflexes intact, strong

Skin: No rash, mottling, bruises, or petechia

Results

White Blood Cells: 18.2

Hemoglobin/Hematocrit: 914.1/41.7

Platelets: 127

Metabolic Panel: WNL

Case Conclusion

The differential diagnosis for the etiology of the cerebral hemorrhage was a congenital vascular malformation, a hemorrhagic tumor, a congenita heart disease or trauma. She was transferred to a outside hospital for further evaluation an management by pediatric neurosurgery.



Figure 1A: Coronal newborn ultrasound through the anterior fontanelle showing an intracranial mass and hemorrhage in the right occipital and parietal region with significant mass effect on the right ventricle and midline shift





Figure 1B: Coronal CT head without contrast Figure 1C: Coronal, Ti-weighted MRI head post showing a hypoattenuating mass centered in the right contrast demonstrating a heterogeneously enhancing occipital/parietal region with significant mass centered in the right occipital/parietal region occipital/parietal region with significant mass centered in the right occipital/parietal region intraparenchymal hemorrhage exerting mass effect with surrounding intraparenchymal hemorrhage and on the right lateral ventricle and right to left midline significant mass effect on the right lateral ventricle shift.

with right to left midline shift and suggestion of developing hydrocephalus in the left lateral ventricle.

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Ouestions

- What are the indications for lumbar puncture in the neonatal population?
- Under what conditions would you not want to perform a lumbar puncture evaluate for meningitis?

Answers

- A lumbar puncture should be performed in any febrile or septic appearing neonate, as well as in any neonate in whom intracranial bleed is suspected but not seen on CT. Such symptoms include but are not limited to fever (either subjectively or in the ED), lethargy or focal neurologic deficits.
- Patients at risk for cerebral herniation, as in this case, should not undergo a lumbar puncture. Risk factors for herniation include any obstruction of the cSF outflow, such as a lesion causing a mass effect with midline shift and increased intracranial pressure. Due to cerebral spinal fluid outflow obstruction.

Discussion/Pearls

- Point of care trans-fontanelle ultrasound in the neonatal population is inexpensive, low risk, and can have a profound impact on clinical outcomes. While this form of ultrasound is not sensitive enough to diagnose low grade brain bleeds, it can be a useful tool to rule out large bleeds and masses that pose a risk of herniation with lumbar puncture
- Point of care trans-fontanelle ultrasound is a skill routinely utilized in the Neonatal Intensive Care Unit, but is one in which Emergency Medicine physicians are not yet trained. It is a rapid, low cost, and effective procedure to evaluate for large and obvious intracranial pathology in the neonatal population. It is especially useful in critically ill neonates in whom cranial imaging is desired, but where comprehensive ultrasound or computed tomography imaging would cause a critical patient to leave the relative safety of the Emergency Department and delay the onset of definitive care
- The clinical applications of ultrasound in the Emergency Department are expanding rapidly, making competency in use of this modality of the utmost importance to the practice of Emergency Medicine.

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